



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SOUTH TEXAS RADIOLOGY GROUP
P O BOX 29407
SAN ANTONIO TX 78229-5907

Respondent Name

OLD REPUBLIC INSURANCE CO

Carrier's Austin Representative Box

Box Number 44

MFDR Tracking Number

M4-12-0513-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We originally filed bills with Texas Hospital Insurance...It was not until 04/06/2011 that we were provided Work Comp insurance...Per 28 TAC 133.20 we have 95 days to claim once we became aware of new insurance information if we have previously billed a Work Comp or Commercial insurance...We attempted several times to contact Texas Hospital Insurance for claim status. We left several messages on 2/16/2011, 2/25/2011, 3/28/2011...After extensive research we found the correct insurance information. We then billed Sedgwick for the charges our physician performed...We received an EOB denying our claim for past filing deadline...We received an EOB from Sedgwick denying our request for reconsideration."

Amount in Dispute: \$28.92

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent was notified by MDR on October 18, 2011 of the pending dispute. The respondent did not submit a response to this dispute for consideration.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 9, 2010	CPT Code 72220-26 CPT Code 72100-26	\$28.92	\$28.92

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers'

compensation medical bills for reimbursement.

3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. 28 Texas Administrative Code §134.203 sets out the guidelines for reimbursement of professional medical services provided on or after March 1, 2008.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated April 28, 2011

- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
- 937 – SERVICE(S) ARE DENIED BASED ON M97 PROVIDER TIMELY FILING REQUIREMENT. A PROVIDER MUST SUBMIT A MEDICAL BILL TO THE INSURANCE CARRIER ON OR BEFORE THE 95TH DAY AFTER THE DATE OF SERVICE.

Explanation of benefits dated August 10, 2011

- 18 – DUPLICATE CLAIM/SERVICE.
- 247 – A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.

Issues

1. Did any of the exceptions listed in Texas Labor Code §408.0272 apply to the medical services in dispute?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027 and 28 Texas Administrative Code §102.4?
3. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to 28 Texas Administrative Code §133.20(b) states, in pertinent part, "Except as provided in Texas Labor Code §408.0272, a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Review of the submitted documentation finds patient inquiry notes showing the requestor sent the original bill to an incorrect insurance carrier, Texas Hospital Insurance. Texas Hospital Insurance meets the definition of one of the entities described in Texas Labor Code §408.0272(b)(1)(C). Therefore, the requestor submitted documentation to sufficiently support that the exceptions described in Texas Labor Code §408.0272 apply to the services in dispute.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the documentation submitted by the requestor finds confirmation that the original bill was sent to Texas Hospital Insurance on December 10, 2010, with claim status calls on February 16, 2011, February 25, 2011 and March 28, 2011 to the incorrect carrier. Further review of the documentation submitted by the requestor finds requestor received correct insurance carrier information on April 6, 2011 and subsequently billed the correct insurance carrier, Sedgwick on that date. Per 28 Texas Administrative Code §102.4(h), documentation submitted by the requestor in this medical fee dispute sufficiently supports that a medical bill was submitted for payment to the insurance carrier within 95 days after the date on which the health care services were provided to the injured employee.
3. Review of the submitted documentation finds that the requestor in this medical fee dispute has timely filed the medical bills with the insurance carrier in accordance with Texas Labor Code §408.027. The respondent's denial reasons are not supported. Therefore, in accordance with 28 Texas Administrative Code §134.203, reimbursement is recommended as follows:

CPT Code 72220-26: \$54.32 WC CF/36.8729 Medicare CF x \$8.74 Participating Amount = \$12.88

CPT Code 72100-26: \$54.32 WC CF/36.8729 Medicare CF x \$11.67 Participating Amount = \$17.19

The total MAR for CPT code 72220-26 and 72100-26 billed on November 9, 2010 is \$30.07. The requestor is seeking \$28.92, therefore, this amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$28.92.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$28.92 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	February 9, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.